



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

PEMPHIGUS

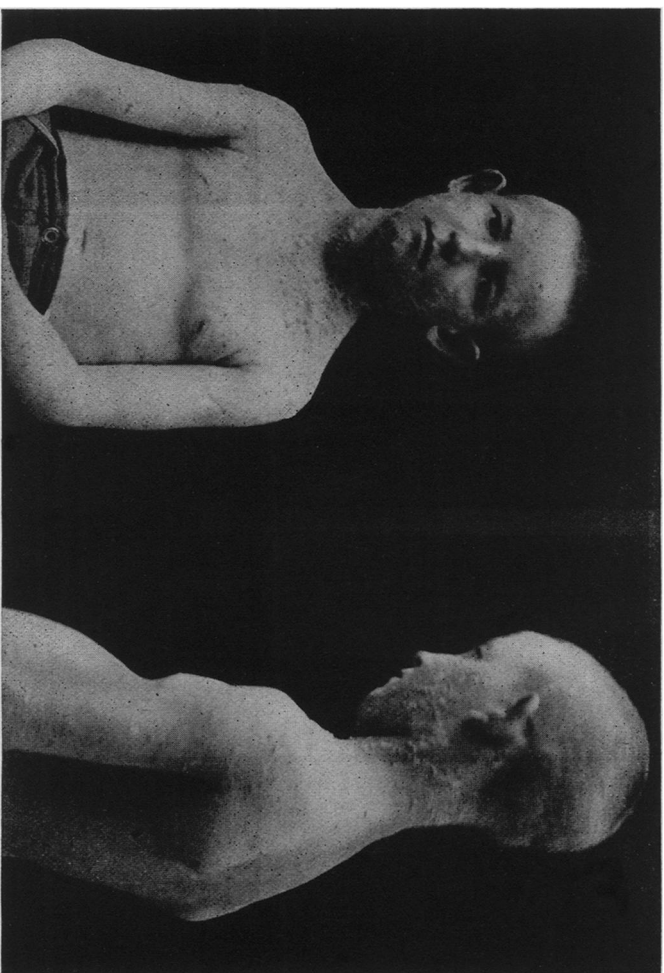
By H. D. FAIR, M.D.,
Muncie, Ind.

PEMPHIGUS is a rare disease. In an average small city practice I have seen only four cases in the last six years. One of these was pemphigus neonatorum, two were pemphigus vulgaris and one was pemphigus vegetans. It is also a peculiar disease. One thing I have learned from these cases is that the more one studies them the more he realizes that pemphigus is a baffling and, to a certain extent, a mysterious ailment. Its exact etiology is unknown and the prognosis is bad. It is somewhat interesting, if not amusing, to contrast the positive statements of the older writers regarding the essentials of the disease with those of the more modern teachers who say that many cases of pemphigus are nothing more nor less than impetigo.

While most authors classify pemphigus as a skin disease, there are usually sufficient systemic derangements to cause us to suspect that it ought to be placed in the constitutional group; this is particularly true of pemphigus vulgaris. Elevation of temperature, chills, depression, rigors, and delirium are not infrequently present during the activity of the disease. Just how far the severe itching and other markedly repulsive features accompanying this condition might be responsible for the foregoing conditions, would be difficult to determine.

Pemphigus neonatorum is an acute and contagious form of the disease, occurring either sporadically or in epidemics. This is again divided into two groups, those due to syphilis and those which are not. When the history is not clear enough to establish this differential diagnosis, it is to be remembered that the bullæ or blebs almost never attack the palms and soles except in the syphilitic type. In otherwise healthy children, perhaps fifty per cent. make recoveries. The practice of careful nursing, strict hygiene, and general systemic treatment is about all that can be done. Pemphigus occurring in children is usually of the acute type, while that occurring in adults is usually chronic. However, there are cases which have existed from infancy. Chronic cases may have remissions; the skin being free and clear between the exacerbations.

Pemphigus vulgaris is a formidable foe. It seems in some instances "to run in families," and ends fatally in the majority of cases. The lesions occur promiscuously on either side of the body and, in the cases



PEMPHIGUS VULGARIS

seen by me, showed a preference for the anterior surface, involving the chest, thighs, face, etc. The bullæ, which are practically blisters, varying in size from a buckshot to a walnut, occasionally the size of a hen's egg, make their appearance in a remarkably short period of time. They are hemispherical in shape and are generally tightly filled, at first with a fluid clear or slightly clouded, but soon becoming thicker and finally purulent. They may burst and discharge or quickly dry up; in either case, a crust or scab results which on removal leaves a pigmented area which eventually disappears. A new crop may form within twenty-four hours' time.

The duration of the disease is indefinite; it may last weeks or months or may run on for years with periodic aggravations. Even after an apparent recovery the tendency to relapse, after varying intervals, is marked. The itching is usually intense, tending to prevent the patient from getting his full allowance of sleep, and is a contributory factor to the extreme exhaustion, which is likely to result fatally. In severe cases the blebs may assume the hemorrhagic type. The involvement of the mucous membranes is always a very grave manifestation. The blebs are more likely to rupture early and the infection spread, and extensive ulceration thus occurs. When the mouth is affected, the tongue swells, the inflammation extending to the œsophagus. The involvement of the intestinal tract results in a disastrous diarrhoea.

A particularly fatal type of this disease is known as pemphigus foliaceus. The bullæ are flaccid from the first; the contents are milky or yellowish-red, spread beneath rather than raise the epiderm, coalesce with adjacent lesions, form thin and friable crusts, while the epidermis hangs in shreds like those of a superficial scald.

The treatment is both constitutional and local. An attempt must be made to allay the itching. One of my patients derived so much relief from the warm bath that she spent about half her waking hours in a bath tub. A dusting powder, composed of subnitrate of bismuth, zinc oxide, and acetanilid, the latter not to exceed ten per cent. of the whole, makes a satisfactory mixture. The official compound resorcin ointment is soothing. Tense blebs should be pricked and drained. Rest in bed should be urged. Diet should be nourishing, and stimulants may be necessary. Alnuin and echinacia (eclectic) are probably the best internal remedies although arsenic has always been considered as an important remedy.

Through the courtesy of Dr. George R. Green, of Muncie, Ind., I am permitted to exhibit two photographs of one of his patients, a twelve-year-old boy whose condition had previously been diagnosed as small-pox.

This boy was under Doctor Green's care for about three years, during which time he had an occasional relapse but finally recovered.

Pemphigus vegetans is the most loathsome and rapidly fatal of all the types. The chances for recovery are few. Instead of considering pemphigus vegetans in the abstract, I will cite briefly the history of a case occurring a few years ago in a young married woman twenty-two years of age. At the time I first saw her, the lesions covered the inner aspect of the thighs, perineum, labia majora, and pubis; the last hairs had disappeared from this region nearly one year previously. At first I thought I had to do with syphilitic condylomata or plain venereal warts, for the vegetative growth resembled a typical case of the former very much. The history which I obtained, little by little, cleared the diagnosis. Nearly two years before, near the time of her marriage, she noticed several of what she and her mother called "chicken-pox pimples," near the juncture of the right labia and pubis. These shortly disappeared and the matter was forgotten, when a second crop appeared. This was early in the week. They were country people and decided to take her to see a doctor when they went to town the next Saturday. They did so, but at this time there was not sufficient disturbance to permit the physician to make a diagnosis. Some weeks later there was a third exacerbation when the true diagnosis of pemphigus vulgaris was made, and from that time on she was never wholly free from blebs in some state of development. Over this particular region mentioned above, the bullæ succeeded each other so rapidly that the cutaneous surface could not heal. A continual, dirty, foul-smelling exudate was present; the area involved began to stand elevated and distinct from the surrounding surface. The skin became roughened, soft and looked, as she said, like a relief map in her physical geography. From this history we conclude that, in this case at least, pemphigus vegetans was a sequella of pemphigus vulgaris.

At the time I saw her she was in torment: a burden to herself and others. Nothing, and she had tried a host of preparations, afforded more than transient relief from the itching and stench. She was twenty-six pounds under weight and had the anxious expression of one who was approaching a crisis. She rapidly became more and more exhausted and died in about three months after I first saw her.